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# COURT OF COMMON PLEAS PHILADELPHIA COUNTY - CIVIL DIVISION DOCKET NO. 02389

GEOFFREY CROWTHER,

Plaintiff,

Vs.

CONSOLIDATED RAIL CORPORATION

and CSX TRANSPORTATION, INC.,

Defendants.

\*\*\*\*\*\*\*

DEPOSITION OF ANDREW P. LEHMAN, M.D.

New England Orthopedic Surgeons

300 Birnie Avenue

Springfield, Massachusetts

December 15, 2008 4:20 p.m.

Jonathan P. Lodi
Court Reporter

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	Page 2	Page 4
123456789012345678901223	APPEARANCES:  Representing the Plaintiff: LAW OFFICE OF THOMAS J. JOYCE, III 900 Centerton Road Mount Laurel, New Jersey 08054 By: Thomas J. Joyce, III, Esq. 856.914.0220  Representing the Defendants: BURNS, WHITE & HICKTON, LLC Four Northshore Center 106 Isabella Street Pittsburgh, PA 15212 By: Stephen A. Hall, Esq. 412.995.3000	ANDREW P. LEHMAN, M.D., Deponent, having first been duly sworn, deposes and states as follows:  (Lehman Deposition Exhibits 1 - 5:     Marked for identification.)     EXAMINATION  Q. (By Mr. Hall) Good afternoon, Doctor.  My name is Stephen Hall, and I represent the Railroad in a piece of litigation involving one of your former patients, Geoffrey Crowther. And before we began, we talked a little bit about the exhibits, and I just want to make sure that we go through them on the record, quickly.  Exhibit 1 is marked as the notice of deposition, which has got the legalese, but asking for I'm not sure if you saw this or not but it was sent to Mr. Joyce, care of to you care of Mr. Joyce, but it asked that you bring the whole file relating to Mr. Crowther. And it's my understanding that Exhibits 3 and 4 constitute the records that relate to your treatment, is that correct?  A. Yes, as far as I know. I didn't see the
<b>24</b>		Q. Sure. And you're more than welcome to
	Page 3	Page 5
1 2 3 4 5 6 7 8 9 10 11 2 11 11 11 11 11 11 11 11 11 11 11 1	WITNESS: ANDREW P. LEHMAN, M.D. EXAMINATION BY: PAGE: Mr. Hall 4 Mr. Joyce 63  EXHIBITS: PAGE: 1 Notice of deposition 4 2 Dr. Lehman's report and CV 4 3 Medical records pertaining to 4 Mr. Crowther 4 Further medical records pertaining to 4 Mr. Crowther 5 Letter dated 4/11/08 from Mr. Joyce 4 to Dr. Lehman	take a look through those. You gave me a A. Yes. These are the this is pretty redundant. This has got this stuff has got that in there, but Q. Okay. There was some additional material in A. This is Q. And Exhibit 4 is what you reviewed in advance of the deposition? A. Yes. Q. And Exhibit 2 is your report that you were asked to draft in this case and a copy of your CV, is that correct? A. Yes. And that is also in 4, as well; My CV, not; but the report is. Q. I just want to make sure. Is that a true and accurate copy? A. It appears to be. Q. Okay. And you signed that? A. Yes. This is an older CV. This is not quite accurate. Q. Okay. We can append it afterwards. A. Okay. Q. Is there anything as you're looking

Page 8 Page 6 1 at it, is there anything that pops out, in your certification? 2 mind, that's significant, in terms of what --A. Orthopedic surgery. 3 A. Well, I would just -- my e-mail Q. And, I'm sorry, when did you complete 4 address, home address and phone number are all the boards? 5 different. And I am no longer licensed in New A. Step I, I believe, was in 2003. Part II was following twenty-six months of practice, 6 York and Illinois, so I don't work there. I have 7 also passed Part II of the exam, of the American which was in August of 2006. 8 boards, so --Q. And have you conducted any research? 9 Q. All right. And Exhibit 5 is a copy of A. We do have a database here, at New 10 a letter dated April 11th, from the Law Office of England Orthopedics, where we do clinical Tom Joyce. And is this the letter that you research. 11 12 received from Attorney Joyce, asking for the Q. Have you done any research in the area of repetitive stress injuries? 13 narrative report? 14 A. Yes. It appears to be, yes. A. No. 15 Q. And, Doctor, can you tell me the O. Cumulative trauma disorders? A. No. 16 states in which you're licensed to practice medicine? 17 Q. Or anything involving railroad work? 18 A. Massachusetts. A. No. 19 Q. And have you had any discipline or Q. Have you published any findings with anything like that, in terms of your license in regard to the cause of degenerative conditions in 20 21 Massachusetts? the hip or knees? 22 A. No. A. No. 23 Q. And can you quickly go through your Q. And have you ever been deposed before 24 educational background, please? sir? Page 7 Page 9 A. I went to medical school in 1 A. Yes. 2 Philadelphia, at Jefferson Medical College; Q. Okay. And was that in relationship to graduated there in '98, with honors. I lawsuits involving your patients or former 3 4 subsequently did my surgical internship at the patients? University of Illinois at Chicago, for one year; 5 A. Yes. 6 and then, my orthopedic residency at the Q. And have you ever served as an expert 7 University of Illinois at Chicago, from 1999, to witness before? 2003; after which I did a subspecialty fellowship 8 A. No. in hip and knee reconstruction at the Hospital for 9 Q. So this is your first time being an 10 Special Surgery, in New York, which I completed in expert? 11 August of 2004. And I've been here, at New A. It is. First time being deposed as an England Orthopedics, for the last four years and 12 expert witness, yes. 13 three months, four years and four months I guess. Q. And what type of cases were you 14 Q. And your specialty here is knees? involved in before, where you were deposed? 15 A. Hip and knee reconstruction. A. Hip and knee reconstructive cases. Q. Hip and knee? Okay. Q. And were those personal injury 16 A. I do that exclusively. 17 lawsuits? Q. And I apologize. Are you board 18 A. It was one time. And yes. certified? Q. And what court was that in; do you 19 20 know? 21 Q. And in which -- in hip and knee or --A. It was in New York. I don't remember 22 A. There is no -which one. 23 (Multiple speakers.) Q. And were the other cases Workers' Q. (By Mr. Hall) What's your board 24 Compensation cases or --

	Page 10	Page 12
1	A. Personal injury.	Q. (By Mr. Hall) Have you ever testified
2	Q. Okay. And, I'm sorry, how many times	in court?
3	do you think you've been deposed?	A. No.
4	A. Once.	Q. And to your knowledge, have you ever
5	Q. Okay. One time. And have you been	you never testified and this is the first time
6	involved in any Workers' Compensation cases?	you've been an expert, right, so okay.
7	A. Yes.	Do you have any connection with the
8	Q. And how many Workers' Compensation	railroad industry at all; friends, family
9	cases have you been involved with?	A. No.
LO	A. I don't know. A lot. Dozens.	Q any other kind of connection?
<b>L1</b>	Q. And have you ever been a party to a	Okay. And it's my understanding that
12	lawsuit; have you ever been a plaintiff or a	you have authored a report which has been marked
13	defendant yourself?	as Lehman am I pronouncing your name correctly
14	A. Yes.	by the way?
15	Q. And which one?	A. Lay-man.
16	A. Defendant.	Q. Lay-man? I'm sorry.
<b>L</b> 7	Q. And can you tell me a little bit	A. Although in New York it's Lee-man.
18	well, how many times have you been sued as a	Q. You know what? As soon as I get it in
19	defendant?	my mind, that's it.
20	A. Once.	This has been marked as Exhibit 2.
21	Q. Okay. And not to delve too much into	And some questions about your report.
22	your private area, but can you tell me the	A. Certainly.
23	circumstances of that?	Q. And, I'm sorry, that report
24	A. I was in training. I was present in a	A. Do you mind if I refer to it?
	Page 11	Page 13
1	room where there was an alleged malpractice. Five	Q. Oh, no. You may. Please do. It's
2	years later, the case has not been settled yet.	dated November 24th, 2008, is that correct?
3	Q. And did that involve a surgical	A. Yes.
4	intervention?	Q. Okay. And it's my understanding that
5	A. Yes.	you were contacted by Attorney Joyce, via the
6	Q. But you weren't performing that?	letter that's Exhibit Number 5, in April of 2008,
7	A. No.	is that correct?
8	Q. And has that lawsuit been filed in	A. That is incorrect. No.
9	Massachusetts?	Q. Okay. When did you
10	A. New York.	A. I did not receive this letter in
11	Q. New York. And which county is that	April.
12	pending in?	Q. I'm sorry. What is it dated?
13	A. It's on Long Island somewhere. I'm	A. It is dated April. But I received it
14	not sure if Suffield County sounds right or	I don't know when I received it, to be honest.
15	it's something that sounds similar to that. I	It must have been at least September or October.
16	didn't realize that was going to be a part of	Q. And were you paid to provide the
17	this.	narrative report?
18	Q. No. I'm sorry. I'm just asking some	A. Yes, our standard office fee.
19	general background questions. And I'm not trying	
20	to impune your I'm just trying to figure out	A. \$550.
21	what your experience was prior to this case.	Q. And approximately how long did you
22	MR. JOYCE: It's not part of this	work on it?
23	case.	A. Well, the chart review and the
24	MR. HALL: No. Yeah. I promise you.	deposition took me probably between an hour and an
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Page 16 Page 14 Q. Have you ever reviewed the scientific 1 hour and a half. 2 Q. And prior to today, had you talked to literature in regard to causation or the 3 Mr. Joyce -development of musculoskeletal disorders or A. No. 4 degenerative joint disease --5 Q. -- or any representatives from his A. Certainly. 6 office? Q. -- in the spine or, I'm sorry -- the 7 spine -- in the knees? A. I personally did not, no. 8 Q. And did you speak with Mr. Joyce A. Certainly. 9 today, before your deposition? Q. And did any of that have any relationship or any impact on your narrative 10 A. I did. 11 Q. And how long did you speak with report? 12 Mr. Joyce? A. Well, I always use my education and my knowledge to formulate opinions. None of this is 13 A. Approximately five minutes. 14 Q. And what did you guys talk about? black and white. There's many shades of gray. 15 A. We just talked about the case, And without using your best judgment and 16 preparation of the case, details of the case. education, it's, you know, would be difficult to formulate an opinion. So yes. Q. Did he talk to you about the FELA? 17 18 A. No. Q. Okay. And I apologize, because I --19 Q. Do you know what the FELA is? I'll just, you know, be up front. And I'm just a lawyer; you're the doctor, and so -- but what I've 20 A. No, I do not. 21 Q. Okay. And it's my understanding that gleaned from reading your report is that -- and 22 just correct me, if I'm wrong -- that, in April of in looking at your report -- and please correct 23 me, if I'm wrong -- on Page 2 of your report, '07 Mr. Crowther, had a bilateral knee 24 third paragraph from the bottom -- your main arthroplasty. Page 17 Page 15 1 opinion, I guess, is that it's more likely than A. That's correct. 2 not that Mr. Crowther's work conditions have Q. And that was a result of 3 aggravated the symptoms of his osteoarthritis, but osteoarthritis in both of his knees, is that 4 his osteoarthritis was caused by his original right? injuries back in the early 1970s, is that 5 A. That is correct, yes. 6 accurate? Q. Okay. So it was the osteoarthritis 7 that caused him to have to have surgery, correct? A. Yes. 8 Q. And do you hold any opinions outside A. Well, it was the pain from the 9 of your narrative report? osteoarthritis which caused him to have a surgery. 10 A. No. We don't treat the x-rays. We treat the patient. 11 Q. And did you review any of the And the patient was having pain, secondary to his litigation materials, or can you tell me what osteoarthritis, and that was refractory to other 12 13 materials, if any, are reviewed, in advance of treatments. So the ultimate treatment for 14 drafting a report? arthritis of the knee or pain, secondary to 15 A. I reviewed the patient's history, the osteoarthritis of the knee, is a knee replacement. patient's chart, my office notes. I also referred 16 Q. And my understanding is that your to the American Medical Association Guide to opinion is that his old injuries or old surgeries 17 18 Permanent Impairment to establish his impairment caused the osteoarthritis, is that correct? 19 A. They contributed. I think the cause rating. 20 Q. Okay. Anything else? of osteoarthritis is multi-factorial. A. No. 21 Q. Well, in your multi-factorial Q. Did you review any particular 22 analysis, you said it was more likely than not 23 literature, any scientific literature? that his work conditions may have aggravated his 24 symptoms, but that his osteoarthritis was caused

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by his original injuries to the back in the early 1970s, right?

- A. Yes.
- Q. And so we can agree that his osteoarthritis was caused, in your opinion, within marked as Exhibit 5, Mr. Joyce asked you, in your a reasonable degree of medical certainty, was linked back to his original injuries in the early '70s, right?

MR. JOYCE: Objection. You can answer.

THE WITNESS: I mean, that's a slippery slope you have there. I mean, I think literature would show you that following removal of the meniscus, which he had, greater than ninety percent of the individuals will develop osteoarthritis after twenty years or so. Whether that arthritis is symptomatic or not is a separate issue.

- Q. (By Mr. Hall) Okay. But the onset of the disease is osteoarthritis, correct?
- A. I think one of the major contributing factors to his osteoarthritis is his original injuries back in the early 1970s.

by his original injuries and there isn't anything else mentioned, is that correct?

- A. That's correct.
- Q. And when you received this letter opinion, were Geoffrey Crowther's knee injuries and subsequent knee surgeries, in whole or in part, caused, contributed to, or aggravated by his work at the railroad, isn't that right?
  - A. Let me see. Yes, it is.
- Q. Okay. And the report that you gave, after being asked to do that, was that his original injuries caused his osteoarthritis, is that correct?
- A. Well, if you look at the third paragraph in my report, he had a work-related injury and tore his left ACL.
  - O. In 1986?
  - A. Yes.
  - Q. Okay.
- A. And that I also said, May have contributed to a certain extent to this gentleman's development of osteoarthritis.
  - Q. Okay. So it was either his -- I'm

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Page 20

- Q. Okay. Well, and you excluded his work sorry. So it was either his injuries in 1986 or as being a cause of his osteoarthritis, isn't that correct?
  - A. No, that's not correct.
- Q. Well, it's not reflected in your report that his osteoarthritis was caused by his work conditions, isn't that correct?
- A. It's not reflected in the report that the osteoarthritis he had was caused by his work, but it's -- I perhaps didn't elaborate enough in the report. However, I think that it's safe to say that, radiographically, his osteoarthritis was probably initiated and caused by his original injuries, although I think other factors also caused the arthritis, whether that be working on the railroad or genetic factors. I mean, there's a lot of things involved in the development of arthritis and the symptoms of it, as well.
- Q. Okay. Well, let's back up. It's pretty clear that when you drafted this letter, it was your opinion, within a reasonable degree of medical certainty and I think subject to being sworn under the pains and penalties of perjury, that it was his -- his osteoarthritis was caused

his injuries in the '70s which -- I think one was a sports-related injury five years before he started at the railroad -- that those were the things that were causing his osteoarthritis?

- A. Those are the things that led to the development of osteoarthritis. You do not develop arthritis immediately after such an injury. It takes twenty years or so to develop those types of changes. And I think those are the things that --I think that's the majority of what we're talking about here, those things, yes.
- Q. Okay. And so, when you were just talking about work being a contributor, you were talking about that 1986 accident --

MR. JOYCE: Objection.

- Q. (By Mr. Hall) -- is that correct?
- A. That's not correct, no. I think that the repetitive stress of being at the railroad exacerbated his pre-existing condition of arthritis.
- Q. And when you say, "exacerbated his condition," you mean his symptoms got worse?
  - A. Yes.

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Q. You're not saying, within a reasonable degree of medical certainty, that his job at the Railroad caused or contributed to an actual acceleration of the disease process, are you?

MR. JOYCE: Objection.

THE WITNESS: Well, I think it's unclear whether that is the case or not. I mean, there's no --

## Q. (By Mr. Hall) I'm sorry. That's

- A. It's unclear. I mean, I think, with a reasonable degree of medical certainty, if someone's lifting fifty pounds a day, I think that would accelerate the amount of osteoarthritis you have. I don't think it necessarily initiated the osteoarthritis, but it certainly accelerated it.
- Q. Well, do you have any objective scientific evidence to support that his job duties the type of work that Mr. Crowther did? at the Railroad caused or contributed to --

  - O. -- an actual acceleration?
  - A. Absolutely not.
- Q. Okay. So -- and you've never reviewed his job duties, have you?

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A. Well, I think it did mention that, in Attorney Joyce's note, that he had -- "As a track laborer, track welder, track foreman, track inspector and welder foreman," that "his tasks included operating all types of equipment such as hand and power tools including torches, electric and gas welding equipment, grinders, chipping guns, track chisels, sledge hammers, claw bars, spiking mauls, needle guns, air impact hammers and saws. His tasks required him to stoop, bend, and kneel while welding and repairing railroad track. These tasks also exposed him to an extreme amount of repetitive strenuous motion, vibration force and awkward postures, heavy lifting and carrying along with excessive walking on uneven ballast."

So that's the job description that I was privy to.

- Q. Okay. So the job description that -did you rely on anything else in coming up with the idea that his work may have played a role in his problem, other than what you were provided by Mr. Joyce?
  - A. Common sense.

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Q. Okay. Well, let me ask you this: Did

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### you ask Mr. Crowther about his job?

A. When I last saw him, yes, probably in April, April of 2007, I believe. Or was it February?

#### Q. And what did he tell you he did then?

- A. He said he worked on the railroad for upwards of thirty years and did a lot of heavy work for it. I didn't get the actual job description at that time because I did not believe he was filing this under Workers' Compensation.
- Q. Did you take down any notes as to the frequency, the amount of bending, stooping, lifting, or his use of tools; did you try to look at the frequency or anything, or any details about that in your file at all?
  - A. No.
- Q. Have you ever went out and looked at
- Q. Have you ever seen any videotape of the type of work that Mr. Crowther did?
  - A. No.
- Q. Do you have any familiarity with the types of things he actually did, other than --

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- A. Just from what I'm reading in this report. That's it.
- Q. And you would understand that that was given to you by the plaintiff's lawyer, right?
  - A. Yes.
- Q. And did you read that with any skepticism?

MR. JOYCE: Objection.

THE WITNESS: No, I did not.

- Q. (By Mr. Hall) Okay. And I suppose you didn't perform any scientific analysis on the exposure he had at the Railroad, did you?
  - A. No.
- Q. And not only didn't you quantify his exposure, but you also didn't quantify any rest period or down-time that he may have had on the job as well, is that correct?
  - A. That's correct.
- Q. And did you talk to Mr. Crowther about his past work history?
  - A. I'm sorry?
  - Q. His past work history.
- A. No, I did not. I was more interested in treating his knees, replacing his knees.

Page 28 Page 26 Q. And you're not an occupational 1 knees? 2 medicine doctor, are you? A. He was using air impact hammers and 3 A. No. chipping guns, grinders, welding equipment. These are very heavy instruments. 4 Q. And you know that there's a specialty 5 in occupational medicine? Q. Okay. And what's your basis for determining whether or not they're heavy? 6 A. I do. 7 Q. And those folks deal specifically with A. Mr. Joyce's letter. Mr. Joyce's 8 work-related conditions, is that right? letter. I mean, I think they sound pretty heavy 9 A. As far as I know, yes. to me. 10 Q. And fair to say that's not what you do Q. Okay. Well, what vibratory stress was on a day-to-day basis? 11 involved, in regard to his knees? 12 A. That's correct. A. I suppose I was using Attorney Joyce's Q. And you're a treating doctor and a letter, where he mentioned he was exposed to "an 13 14 surgeon, right? extreme amount of repetitive strenuous motion, 15 A. Yes. vibration, force and awkward postures, heavy 16 Q. And you don't routinely examine lifting and carrying along with excessive walking on uneven" ground. I think I was utilizing that 17 workers to determine whether or not their work 18 caused or contributed to a problem they're having, paragraph as my basis for my analysis. 19 right? Q. Okay. Without having ever seen the 20 job or seeing videotape of the job, do you believe A. That's correct. 21 Q. And you'd agree with me, sir, that it that you have a scientific basis to make that 22 would be important, if you were making a workconclusion, that he had, you know, exposure to 23 related opinion, to have some sound basis of what heavy lifting, repetitive strenuous motion, and 24 the actual work was, would you agree with that? vibratory stress? Page 27 Page 29 1 A. That is correct. A. I have no reason to doubt it. 2 Q. And would you agree you don't have a Q. Do you have any sound scientific data 3 firm, factual foundation of Mr. Crowther's actual upon which to rely upon? job duties --4 A. No. 5 A. No. Q. Have you ever seen an ergonomic Q. -- and exposure? 6 assessment of the type of work that Mr. Crowther 7 MR. JOYCE: Objection. did? THE WITNESS: I think it says pretty 8 A. No. clearly what he does here, and it seems like 9 Q. And would you agree with me that you 10 it's pretty heavy work. I think I have a don't have a scientific basis for those 11 fair judgment of what he's doing. conclusions? Q. (By Mr. Hall) Okay. And would you 12 MR. JOYCE: Objection. 13 agree that the description of any causality, with THE WITNESS: I think if --Q. (By Mr. Hall) You were given those 14 regard to any specific work duties, is not 15 contained in your report? conclusions by a lawyer, right? A. Yes. 16 A. Well, I mentioned that he's done a lot of heavy lifting and repetitive strenuous motion. 17 Q. And that's not scientific, correct? 18 Q. And can you define that for me, in MR. JOYCE: Objection. 19 terms of Mr. Crowther's actual work history? THE WITNESS: Aren't you a lawyer? 20 A. I'm sorry. I don't understand the MR. HALL: Yes, I'm a lawyer, so --Q. (By Mr. Hall) But you'd agree with me 21 question. 22 that you were given information by a lawyer? Q. Well, you know, what vibratory stress 23 or what heavy lifting or repetitive strenuous A. I was given information. And I take motions did he have to do with regard to his information, as given to me, as truth, so --24

Page 32 Page 30 1 Q. But you weren't enclosed -- you terms of even severe arthritic changes in his 2 weren't given an ergonomic assessment by right knee back in 1986, would you expect someone 3 Mr. Joyce, were you? like Mr. Crowther to be symptomatic prior to 4 A. No. February of 2005? 5 Q. And you didn't review or rely upon an MR. JOYCE: Objection. THE WITNESS: I'm sorry. "Would" --6 ergonomic assessment, is that correct? 7 A. That's correct. Q. (By Mr. Hall) Would you expect 8 someone like Mr. Crowther to be symptomatic prior Q. And so really, other than Mr. Joyce's 9 to 2005? conclusory statements, you have no scientific 10 information to support those conclusions, is that A. Not necessarily, no. Q. And you actually went in and did the 11 right? 12 surgery, is that right? A. That's correct. A. Yes. 13 Q. And in fact, I believe Mr. Crowther 14 began -- presented to you in February of '07, is Q. And when you went in, can you tell me 15 that right? what you saw; I mean, did you see evidence of the 16 A. Yes. prior surgeries when you did your surgery? 17 Q. And at that time, you indicated that A. I have the operative note here. I 18 he was having severe pain and disability in regard mean, the patient did have previous incisions. to both his knees, is that right? 19 So, I mean, that was the first evidence that I 20 A. Yes. saw. He had two previous incisions on the left 21 Q. Okay. And how long was his symptoms knee, one previous incision on the right knee. 22 -- how long had he been symptomatic at the point Q. So he had two surgeries on his left 23 he saw you in February of '07, do you recall? knee, and he had one surgery on his right knee, 24 A. He said to me two years. based on what you saw? Page 31 Page 33 Q. Two years? So February 28 of 2005? A. That was my understanding, my history. 1 2 A. I'm sure he was approximating. But I do not have the records to support that. certainly, that's -- I mean, my history said, Pain 3 Q. And did you see any other evidence of in the last two years. surgery, prior surgery? 4 5 Q. Okay. And I presume you weren't A. I do not think so. 6 provided any records outside of what's in your --Q. And the good news is that Mr. Crowther 7 of what's in Exhibits 3 and 4, right? did extraordinarily well, in terms of his knee 8 A. This is all I have to go on. replacement, is that right? 9 Q. Were you aware that, for instance, A. That is correct. 10 with regard to Mr. Crowther's right knee, that he Q. And he basically, as of April 14th, 11 had an x-ray from 4/24 of 1986 that indicated that 2008 -- was that the last time you saw him, by the 12 he had an extreme, severe degree of osteoarthritic way? 13 changes in the medial and lateral aspects of the A. That he saw one of my assistants, yes. 14 joint? Q. And that was his last visit with you? 15 A. I never saw that. Q. And he had osteophytes in the superior 16 Q. And at that point, he basically was aspect of the patella and the anterior portion of returning to normal activities, without 17 18 the femur; were you aware of that? restriction, is that right? MR. JOYCE: Objection. 19 A. No, I was not. 20 Q. And were you aware that in 1998, in THE WITNESS: Just give me a moment to the medical record, he was complaining that his 21 read this note again, please. knees were bothersome; were you aware of that? MR. HALL: Sure. It's also -- and I'm 22 23 No. looking at your report, on the first page. 24 And I'm not sure I want to dissuade you from Q. And with that type of history, in

Page 36 Page 34 1 looking at the note, if you want, but -working at that time, when that hyperextension 2 THE WITNESS: He was having some injury occurred, was he? 3 irritability in the left knee; but in A. I do not know that, the answer to 4 general, after knee replacement, was doing that. 5 very well. Q. And, I'm sorry, what was the date of 6 Q. (By Mr. Hall) And he essentially was that injury? 7 back to normal activities, without restriction, A. July 17th, 2007 was when we -- he 8 right? reported the injury to us. I don't -- it doesn't 9 say when he had that. I'm assuming not too far A. Depends on what those activities --10 what you define "normal" as, I guess. prior to that, or he would have come in sooner. Q. Well, those were your words, right? 11 Q. And could that account for the 12 A. Where is that? residual difficulties that he's having? 13 Q. I'm sorry. It's the first page, third MR. JOYCE: Objection. 14 paragraph, last sentence, quote, He was THE WITNESS: There's no way to know, 15 "essentially" -without discussing with Mr. Crowther exactly 16 A. That's correct, yes. what that injury was and how serious it was. Q. (By Mr. Hall) And did you do that? 17 O. That's correct? A. Yes. A. No. 18 19 Q. And what was the mild discomfort he Q. And did you take that into account in was having in his left knee? your -- in coming to your conclusions in your 20 21 A. He described it as a mild soreness. report -- that --Q. Do you recall if, during the course of 22 A. I didn't think it was relevant. 23 his recuperation from his knee surgeries, whether Q. And why not? 24 or not he had an incident with his left knee; does A. Because it seemed to be very mild and Page 37 Page 35 that ring a bell? he still did very well despite -- if it was a 1 2 A. One moment, please. serious injury, he probably would have required Q. Sure. intervention and no intervention was required and 3 A. Yes. x-rays remained normal. 4 5 Q. And what was that incident? Q. But in terms of your -- in your opinion, his left knee had an extraordinarily good 6 A. Approximately -- it says here, after 7 three -- three months -- three-month post-op outcome, as well? visit, July 17th, 2007, he had a hyperextension 8 A. Yes. 9 injury to the knee, with some swelling. Q. And would you agree with me, sir, that 10 Q. And what's a hyperextension injury; age is a risk factor for the development of 11 what does that mean? osteoarthritis in the knees? 12 A. Essentially, bending the wrong way; A. I think genetics are the risk factor. 13 essentially. Age -- certainly it's more -- it's more common in 14 Q. And do you know how that happened? older people, yeah. I don't know if age is an 15 A. It does not elaborate on that, no. He independent variable or not. 16 saw one of my assistants for that visit, not Q. Okay. Well, is it unusual for a 17 myself. person of Mr. Crowther's age to have 18 Q. Is there any more detail than that? osteoarthritis in his knees, irrespective of his 19 A. No. oc -- his or her occupation? 20 Q. Is that something that usually happens A. No, it's not unusual. during the course of, you know, recuperation from 21 Q. Not unusual. It's pretty common, 22 knee surgery? correct? 23 A. It's not infrequent, no. A. More than one half of the knee 24 Q. And could that -- and he wasn't replacements I do are in people under sixty, so --

Page 38 Page 40 Q. And in fact, surgery is also -- is an 1 Q. And we can agree that, at least in independent risk factor for the development of 2 part, age may have played a role in the 3 development of his osteoarthritis in his knees; arthritis, correct? A. No. It depends on what type of 4 can we agree on that? 5 A. No. surgery it is. Q. And why not? Q. Okay. The type of surgeries that Mr. 6 7 A. He's too young to have age as being a Crowther had, with regard to his knees. 8 A. Yes. factor. 9 Q. They are risk factors for the Q. At what age do you need to be --A. Typically, osteoarthritis is not seen, development of osteoarthritis down the road, 10 if it were not for some other type of insult to 11 correct? 12 the knee or genetic predisposition, until the A. Yes. patient's seventies. 13 Q. And we can agree that -- certainly --14 Q. And did you ever determine whether or that Mr. Crowther's surgeries and prior injuries 15 not he had a genetic predisposition? played a significant role in the development of A. I don't think there's any way to do his problems; correct? 16 A. Yes. 17 that. 18 Q. Did you ask him if he had a history of Q. Are there any other risk factors for traumas or falling on his knees or anything like the development of osteoarthritis that we haven't 19 20 that? discussed? 21 A. He had a history of an ACL injury at A. Not that Mr. Crowther has, no. 22 work in 1986. And he also had two sports-related Q. And did you rule out any other risk injuries, one or two. It's unclear, via his 23 factors? 24 history. But he had his meniscus out, in both A. No. Page 39 Page 41 1 knees, back in the 1970s, subsequent ACL injury. Q. And without belaboring it, but what 2 I think that both those injuries are enough to -are the other risk factors; if you didn't rule Q. To cause osteoarthritis? anything else out, what else could possibly be 3 4 A. At this age, yes. playing a role? Q. And so we can agree that prior trauma 5 A. Other injuries. Like you mentioned, is an independent risk factor for the development 6 genetic predisposition. There are lots of things 7 of -that can cause damage to the bones. Autoimmune 8 diseases. Osteonecrosis of the bone. It can be A. Oh, absolutely. 9 Q. And that it certainly played a great caused by a number of things. But these items 10 role in the development of Mr. Crowther's were irrelevant at the time of me treating him. 11 problems, correct? In my opinion, his risk factors were A. It played a very big role, yes. 12 his injuries and previous surgeries and his job. 13 Q. And can we agree that weight also Q. Okay. And his job played the smallest plays a role in the development of degenerative 14 role, correct? 15 conditions in the knees? MR. JOYCE: Objection. A. Yes. THE WITNESS: It's difficult to 16 17 Q. And can we agree that Mr. Crowther's quantify. It played a role. 18 weight may have contributed? Q. (By Mr. Hall) And we can agree, and A. No. I'm not trying to belabor the point, that that's 19 20 Q. And why not? outside the confines of your report? A. He's not -- in my opinion, being six-MR. JOYCE: Objection. It's not 21 foot-one, 212 pounds -- and if I recall correctly, outside the confines of his report. 22 23 he's in pretty decent shape -- he's not an obese THE WITNESS: What's the -individual. 24 MR. HALL: That his work played a role

	Page 42	Page 44
1	in the development of his osteoarthritis.	MR. HALL: Whether he would not
2	THE WITNESS: No. I mentioned it in	whether he would have developed symptoms,
3	two different places, I believe.	irrespective
4	Q. (By Mr. Hall) Okay. You said that it	MR. JOYCE: Objection. He's already
5	made him more symptomatic?	testified to that.
6	A. Yes. We treated his symptoms of knee	Q. (By Mr. Hall) So the answer is
7	replacement.	A. I don't
8	Q. OKay. And	Q. You said that you can't say whether or
9	A. We didn't treat his x-rays. We	not he would have become symptomatic either way,
10	treated his symptoms.	right?
11	Q. Okay. And I	MR. JOYCE: He's already testified
12	A. If he didn't have symptoms, I wouldn't	that the job aggravated and worsened his
13	have had to operate on him.	symptoms.
14	Q. But in terms of causing the disease	MR. HALL: Please. Please.
15	that produced the symptoms, you did not link work	MR. JOYCE: Don't change the
16	to the cause	testimony, Steve. You're
17	(Multiple speakers.)	MR. HALL: I'm not changing it.
18	THE WITNESS: Can you repeat that	MR. JOYCE: You know what? Note my
19	again, please?	objection. That's all.
20	MR. HALL: Sure.	THE WITNESS: I mean, I think I
21	Q. (By Mr. Hall) You said that his job	believe his work exacerbated his previous
22	duties may have made him more symptomatic, right?	condition of osteoarthritis. That's my
23	A. Yes.	testimony.
24	Q. And you did not say that his work	Q. (By Mr. Hall) And are you relying on
	Page 43	Page 45
1		
1 2	produced the underlying disease, is that correct?	any particular literature for that conclusion?
2	produced the underlying disease, is that correct? I mean, that's what your report states.	any particular literature for that conclusion?  A. I don't have a study, off the top of
2	produced the underlying disease, is that correct? I mean, that's what your report states. A. That's correct, other than the ACL	any particular literature for that conclusion?  A. I don't have a study, off the top of my head. But certainly, heavy lifting and
2 3 4	produced the underlying disease, is that correct?  I mean, that's what your report states.  A. That's correct, other than the ACL injury	any particular literature for that conclusion?  A. I don't have a study, off the top of my head. But certainly, heavy lifting and repetitive motions can certainly exacerbate the
2 3 4 5	produced the underlying disease, is that correct? I mean, that's what your report states.  A. That's correct, other than the ACL injury Q. In 1986.	any particular literature for that conclusion?  A. I don't have a study, off the top of my head. But certainly, heavy lifting and repetitive motions can certainly exacerbate the symptoms of arthritis.
2 3 4 5 6	produced the underlying disease, is that correct? I mean, that's what your report states.  A. That's correct, other than the ACL injury  Q. In 1986.  A in 1986, which, from my	any particular literature for that conclusion?  A. I don't have a study, off the top of my head. But certainly, heavy lifting and repetitive motions can certainly exacerbate the symptoms of arthritis.  Q. How about motions in lifting, outside
2 3 4 5 6 7	produced the underlying disease, is that correct?  I mean, that's what your report states.  A. That's correct, other than the ACL injury  Q. In 1986.  A in 1986, which, from my understanding, was also a work-related injury.	any particular literature for that conclusion?  A. I don't have a study, off the top of my head. But certainly, heavy lifting and repetitive motions can certainly exacerbate the symptoms of arthritis.  Q. How about motions in lifting, outside of work; could that also exacerbate
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#### Q. Okay. How about things like, you know, cleaning the house?

A. That's a pretty generic activity. I mean, it depends on what he's cleaning. I mean, I think it has to do with vigorous activity. I mean, certainly, minor activities would cause some symptoms, whereas vigorous activities would cause more significant symptoms.

- O. Okay. So we can agree that you don't have to have a particularly demanding physical activity to exacerbate symptoms, once you have arthritis or degenerative joint disease; can we agree on that?
- A. Well, I think it's -- depending on the activity, I think the symptoms would probably be -- would correlate to the degree of activity.
- Q. And did you place any medical restrictions on Mr. Crowther when he left your care --
  - I don't recall.
- Q. -- because I didn't see anything in the medical file.
- A. I don't remember having a work release note. I didn't see one in the file. But

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typically we do.

- Q. And I saw that you gave him a knee brochure. Do you have that, by chance? I mean, impairment rating of sixty percent on the lower we don't have to do it now. We can get it appended to the record.
  - A. Sure.
- Q. Is that something you typically send out?
- A. Yes. I give it to all my patients pre-operatively.
- Q. But in terms of his restrictions, does he have restrictions today?
  - A. Yes.
  - O. And what are those restrictions?
- A. The restrictions would be no lifting frequently, greater than twenty-five pounds; no lifting occasionally, greater than fifty pounds; no kneeling or squatting; and no ladders.
- Q. And for whatever reason, that official work restriction was never placed into his file, is that right?
- A. It may have been given to him, but it was not in the file, that I saw. I don't know if he was going back to work or if he never went back

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to work and didn't need it. It's unclear to me why he didn't get one. I usually don't give it to someone unless they request it.

- Q. And someone who has these restrictions can work a lighter or sedentary-type job, would you agree?
  - A. Absolutely.
- Q. And would you agree that Mr. Crowther could work a light or sedentary-type job, based on the results -- his surgical results?
- A. Based on his knees, yes. I can't comment about the rest of his disabilities.
- Q. So we can agree that he could -- in terms of his knees -- he could certainly do some type of physical work?
  - A. Physical work or sedentary work?
  - Q. Well, lighter, sedentary-type work.
- A. Sedentary work, yes. Light physical work, whatever you define that as, because I'd have to see the description.
- Q. But certainly he could work in an office setting, or he could work a, you know, a supervisory position in a warehouse or something like that?

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- A. People do it all the time.
- Q. Okay. And that's even with an extremity?
  - A. Oh, yeah.
- Q. And that was the AMA guideline that you had talked about?
  - A. That is correct.
- Q. And one of the things I wanted to ask you to do is to explain how you came up with the impairment rating. Can you explain that to me?
- A. Yes. There's a chart. I think I refer to the page number. I don't have the book with me here. But it discusses the recovery of knee replacement. And for different physical findings and history from the patient, you obtain a value out of a hundred. And he happened -- I don't remember what his exact value is. It doesn't say. In my note here, however, it correlated to a good result following knee replacement. And a good result or an excellent result or a perfect result after knee replacement gives you fifteen percent whole body disability and thirty-seven percent lower extremity

Page 52 Page 50 1 disability on that particular knee. He happened A. There is no such study that I'm aware 2 to have both knees. There's a combined values of. But there may be instances -- no, there's no 3 chart at the back of the book which combines the such study that I'm aware of. 4 Q. Okay. And so you don't have an two. 5 Q. Okay. So he got the best disability opinion that the Railroad could have done some rating possible? 6 specific change that would have resulted in him 7 A. Yes. not having degenerative joint disease in his knee; 8 would you agree? Q. So other than not having a problem, he 9 got the best rating, under the AMA guideline MR. JOYCE: Objection. That's not Dr. 10 anyway? Lehman's role in this case. He's not our 11 A. I'm sorry? liability expert. He's not our ergonomic 12 Q. Other than not having a disability at expert. 13 all, he got the best rating after knee THE WITNESS: I think job 14 replacement? modifications may have alleviated symptoms 15 A. This is the best possible disability related to his osteoarthritis, but not 16 rating following knee replacement, yes; following necessarily changed his -- the fact that he 17 bilateral knee replacement. had osteoarthritis. 18 Q. And how is Mr. Crowther's prognosis; Q. (By Mr. Hall) So you're unaware of 19 any specific scientific literature that indicates is it good? 20 A. Yes. I think he's reached maximum a specific change to be made to his job that would 21 medical improvement. Usually maximum medical prevent him to have symptoms, is that correct? 22 improvement is achieved at twelve, occasionally A. I don't think a scientific study could 23 eighteen months, post-operatively, and that time ever be done in that regard. 24 has passed, so he has reached maximum medical Q. Are you aware of any specific changes Page 53 1 improvement. I expect him to continue doing well that could have been done to Mr. Crowther's job 2 for a number of years. that would have changed the outcome with regard to 3 Q. And do you know of any valid studies his knees? 4 that have been done, that associate Mr. Crowther's A. I think if he was more sedentary, he 5 work duties with the development of degenerative would have less symptoms. 6 Q. Other than that, that's it? joint disease in the knees? 7 A. Say that again, please. A. Right. 8 Q. And it's impossible to prevent Q. Are you aware of any valid scientific 9 studies that associate the type of work duties degenerative joint disease in the knees, correct? 10 that Mr. Crowther did with the development of MR. JOYCE: Objection. 11 degenerative joint disease? Q. (By Mr. Hall) Is there any way to 12 A. No. prevent it? 13 A. Just sitting on a couch for your Q. Are you aware of any valid studies 14 entire life, you'd never develop it. that -- or any scientific literature -- that 15 indicates that there are any specific, Q. Okay. A. It's a matter of wear and tear. The 16 scientifically-accepted measures that are more wear, the more tear. 17 preventative for degenerative joint disease of the 18 knees? Q. And did you take into consideration 19 Mr. Crowther's avocational activities? A. Could you please repeat that again? 20 Q. Sure. Is there anything in the A. No. Do you mean activities outside of 21 scientific literature that shows that a specific work? 22 change can be made to a job process that would Q. Yes. 23 prevent the development of degenerative joint No. A.

24

disease in a person like Mr. Crowther?

And activities of daily living are all

Page 54 Page 56 contributing to the, quote, "wear and tear" that 1 A. Yes. 2 you just talked about, correct? Q. And other than what has been provided 3 A. That's correct. by you, in terms of the letter from Mr. Joyce, Q. And sports and all kinds of other it's my understanding you've not reviewed any of 4 5 things, right? the case materials; depositions --A. Yes, sir. 6 A. Such as --7 Q. And so you haven't made any Q. -- Mr. Crowther's deposition --8 consideration for that? A. No, I have not. 9 Q. -- or any of the discovery that's been A. No. exchanged between the parties? 10 Q. And that would be part of a differential diagnosis, right, to exclude things A. No, I did not. 11 12 and include things? Q. And you didn't review his railroad A. My job as a physician is not to -medical file, did you? 13 14 when I see a patient -- is not to determine why, A. No, I did not. 15 necessarily, they have it but, as a surgeon, is to Q. Or any of the medical records from Dr. fix what they have. And that's what I did. And, Baustin or any of his other physicians? 16 you know, I didn't have to ask the guy, you know, A. No. I did request it. 17 18 how many times he walked his dog a day to Q. And, I'm sorry, who did you make that determine whether or not he needs a knee 19 request to? 20 A. I think my secretary made the request replacement. either to Mr. Crowther or to Attorney Joyce for 21 Q. Okay. Point taken. Are you aware of 22 any dose response relationship that's been the records related to his ACL injury, as well as established between the type of job duties that his original sports injuries back in the early 23 24 Mr. Crowther had with the development of 1970s. Page 57 Page 55 1 degenerative joint disease in the knees? Q. And were those records provided to 2 A. No. you? 3 Q. Are you aware -- basically, you'd A. No. 4 agree, sir, that we don't know how much activity Q. And do you know why not? A. I was told they were not available. 5 is too much? Q. And when did you make that inquiry? 6 A. Excuse me? 7 A VOICE: Dr. Wenner's leaving. A. Prior to doing my narrative. THE WITNESS: I'm sorry? Q. And is there any documentation, in 8 9 (Off-the-record discussion.) terms of the narrative -- the request for the 10 Q. (By Mr. Hall) Fair to say we don't narrative -- other than Mr. Joyce's letter? know how much activity is too much? A. Not that I'm aware of, no. 11 12 A. No, we do not. Q. Is this the full and complete file, as 13 far as you're concerned? Q. And that goes for -- the same for 14 developing symptoms, is that correct? A. The full and complete file for his 15 A. That's correct. It's all a judgment. knees. Q. And did you review any other expert Q. Okay. 16 A. But, I mean, this is --17 reports in this case? 18 A. No. Q. All right. In terms of -- but there Q. Can you give me just a minute to look isn't anything else that you've touched or seen or 19 20 over my notes, and then -looked at, other than what's here and has been 21 A. Certainly. marked as an exhibit? 22 Q. Would you agree with me, Doctor, that A. That is correct. 23 more information is better than less information Q. And was there anything else that you wanted to see, that you weren't provided with? 24 in making causal determinations?

Page 60 Page 58 1 A. No. period of thirty years, is going to make a 2 Q. Do you think it would have been difference if he's doing a lot of heavy lifting. 3 helpful for you to see some of his job duties? Q. And how about, you know, bending and A. Well, I took Mr. Joyce's letter as 4 twisting or squatting; if the ergonomic analysis 5 being truthful and -- you know. But things that shows that there were punitive risk factors for would elaborate on these things may have been more 6 the development of musculoskeletal disorders, 7 helpful, sure. would that impact your opinion? 8 Q. And to the extent that Mr. Joyce is A. I don't understand. Please rephrase. wrong --9 Q. If an ergonomist reviewed the job and 10 MR. JOYCE: Objection. said that it does not contain risk factors that Q. (By Mr. Hall) -- would you agree that 11 the scientific literature has shown to be 12 that would impact on the strength of your opinion? problematic, would that alter your opinion? A. Well, if a guy sat at a desk all day, 13 MR. JOYCE: Objection. 14 instead of doing what Mr. Joyce mentioned in his THE WITNESS: Not problematic in what 15 letter to me, then certainly it would change it. regard? 16 But for all intents and purposes, I think that the MR. HALL: Not problematic for -description here is likely accurate. 17 THE WITNESS: Not problematic for 18 Q. Well, what if he was able to work at a causing symptoms or causing arthritis? 19 safe and comfortable pace; would that impact your because there's two different things here. 20 ability -- or would that impact, in your MR. HALL: For causing degenerative 21 estimation, the strength of your opinions? joint disease. 22 A. I'm not sure I understand. THE WITNESS: I don't think that would 23 Q. If Mr. Crowther was able to work at a have altered my opinion, no. 24 safe and comfortable pace by --Q. (By Mr. Hall) Okay. So if an Page 59 Page 61 A. Doing what? ergonomic assessment of the job was shown to be --1 2 Q. Doing his job. Would that have any --A. So a nonmedical engineer came and 3 A. Doing his current job? As long as -assessed his job? 4 Q. Would that have any --Q. Do you understand what an ergonomist 5 is? A. As long as he followed the 6 restrictions that I outlined for you earlier --A. Is it a medical doctor? 7 Q. Well, an ergonomist could be a medical Q. Okay. doctor. But an ergonomist could be someone who 8 A. -- and was comfortable. Not everybody 9 studies jobs and the relationship --10 Q. Okay. Well, what I was asking you is A. All right. 11 that, if, over the course of his career, Mr. Q. -- of how fitting the worker --12 A. So if a -- so if a non-medical Crowther was able to work at a safe and 13 comfortable pace, would that have an impact on personnel evaluated his job and made a recommendation regarding his development of a 14 your opinion? 15 A. No. medical issue, I should take that for gospel? 16 Q. You're asking me? Q. If Mr. Crowther used appropriate 17 lifting techniques during the course of his career A. It's not your deposition, I 18 and had assistance from others, et cetera, would understand. But I'm trying to understand why I 19 would change my medical opinion if a non-medical that have an impact on your opinion? 20 A. Having assistance from others during individual gave me medical advice regarding a patient. If a non-medical individual gave me an 21 heavy lifting certainly would be helpful. 22 However, I don't think whether he bent his knees assessment, then I'm not going to necessarily take 23 while picking up something heavy, you know, doing that for medical gospel. 24 Q. Okay. But you'll take a lawyer's word a proper lifting technique, you know, over a

Page 64 Page 62 gathered from your opinion is that, in your 1 for it --2 MR. JOYCE: Objection. opinion, Geoff's job as a track laborer and 3 Q. (By Mr. Hall) -- is that correct? foreman aggravated and worsened his pre-existing 4 A. I'm hoping the lawyer's letter got osteoarthritis, is that correct? 5 this information from the patient --A. That's correct. 6 Q. Did you --Q. You're not here telling us that his 7 A. -- or the client in this case. job as a trackman caused the osteoarthritis, 8 correct? Q. Did you check on that? A. No. 9 A. That's correct. 10 Q. Did you confirm any of this with Mr. Q. And in your opinion, is Geoff disabled Crowther? 11 from working as a trackman, based upon what you --12 A. But I'm sure we could. your understanding of what he does at the Railroad? 13 Q. I'm asking if you did. 14 A. No. A. If his description of his job is 15 Q. Okay. So my understanding is that accurate, then yes. MR. JOYCE: Okay. That's all the 16 you'll take the word of a lawyer, in a letter, who 17 you've never met, over an ergonomist who studied questions I have. 18 the work --MR. HALL: You have the ability to read the transcript and make any corrections 19 MR. JOYCE: Objection. 20 Q. (By Mr. Hall) -- is that correct? that might be necessary. THE WITNESS: Okay. 21 A. Well, I think the job description 22 should not be variable, no matter if an ergonomist MR. HALL: Or you can waive that 23 right and basically believe that the court or a lawyer or the patient told me. I don't know 24 what the difference is. If someone tells me the reporter has accurately taken down what Page 63 Page 65 description, as long as it's accurate, it 1 you've said. 2 shouldn't make a difference. THE WITNESS: Since I have a history of speaking way too fast, maybe it would be 3 Q. Okay. And you'd agree that if it's not accurate -a good idea if I take a look at it. 4 5 A. If it's not accurate, then yes, it MR. HALL: Okay. And just so you wouldn't make a difference. know, when the transcript is sent to you, 6 7 Q. And in fact, it could invalidate your you have thirty days to read it and make any 8 opinion? changes; and you'll be given an errata sheet A. Yes. I was -- I would, you know, 9 to do that, okay? And, Tom, do you want to 10 probably like to re-evaluate it, if it's not do that? accurate and --11 MR. JOYCE: Yes. If you would, just send it to me and I'll send it to Dr. 12 Q. Okay. A. -- you know, it may or may not change 13 Lehman. 14 my opinion, depending on how inaccurate it may be. MR. HALL: Okay. We're more than 15 Q. And as far as you sit here today, happy to do that, so --16 you've done -- you've not done anything to confirm MR. JOYCE: That's fine. (Deposition concluded at 5:22 p.m.) 17 whether or not the description that you were given 18 was accurate, correct? 19 A. That's correct. 20 MR. HALL: Okay. I don't have any 21 further questions. MR. JOYCE: Just real briefly. 22 23 **EXAMINATION** 24 Q. (By Mr. Joyce) Dr. Lehman, what I

	Page 66	Page 68
1	CERTIFICATE OF REPORTER	COURT OF COMMON PLEAS
2		PHILADELPHIA COUNTY - CIVIL DIVISION
3	I, Jonathan P. Lodi, a Notary Public in and for	DOCKET NO. 02389
4	the Commonwealth of Massachusetts, do hereby	
5	certify that ANDREW P. LEHMAN, M.D., came before	*******
6	me on December 15, 2008, at New England Orthopedic	GEOFFREY CROWTHER,
7	Surgeons, 300 Birnie Avenue, Springfield,	Plaintiff,
8	Massachusetts, and was by me duly sworn to testify	Vs.
9	to the truth and nothing but the truth as to his	CONSOLIDATED RAIL CORPORATION
.0	knowledge touching and concerning the matters in	and CSX TRANSPORTATION, INC.,
.1	controversy in this cause; that he was thereupon	Defendants.
.2	examined upon his oath and said examination	********
.3	reduced to writing by me; and that the statement	
4	is a true record of the testimony given by the	I, ANDREW P. LEHMAN, M.D., do hereby certify,
.5	witness, to the best of my knowledge and ability?	under the pains and penalties of perjury, that the
.6	I further certify that I am not a relative or	foregoing testimony is true and accurate, to the
.7	employee of counsel/attorney for any of the	best of my knowledge and belief.
.8	parties, nor a relative or employee of such	WITNESS MY HAND, this day of ,
.9	parties, nor am I financially interested in the	2008/2009.
0	outcome of the action.	
1	WITNESS MY HAND this day of , 2008.	
2		ANDREW P. LEHMAN, M.D.
3	Jonathan P. Lodi My Commission Expires:	
4	Notary Public 8/8/14	JPL
	Page 67	Page 69
1	Today's date: December 19, 2008	CORRECTION SHEET
2	To: Thomas J. Joyce, Esq.	WITNESS: ANDREW P. LEHMAN, M.D.
3	Copied to: Stephen A. Hall, Esq.	ACTION: CROWTHER Vs. CONSOLIDATED
4	From: Jonathan P. Lodi	TAKEN: DECEMBER 15, 2008
5	Deposition of: Andrew P. Lehman, M.D.	PAGE LINE CORRECTION OR CHANGE
6	Taken: December 15, 2008	
7	Action: Crowther Vs. Consolidated	
8		
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4	Enclosed is a copy of the deposition transcript	
.5	of Andrew P. Lehman, M.D. Pursuant to the Rules	
-6	of Civil Procedure, Dr. Lehman has thirty days to	
.7	sign the deposition from today's date.	
-8	Please have Dr. Lehman sign the enclosed	
.9 .n	signature page. If there are any errors, please	
20	have him mark the page, line and error on the	
21 22	enclosed correction sheet. He should not mark the	<del></del>
-24	I transcript itself. This addendum should be	l l
	transcript itself. This addendum should be	
2 <b>3</b> 2 <b>4</b>	transcript itself. This addendum should be forwarded to all interested parties.  Thank you for your cooperation in this matter.	